

Support the Poor, Inc.

Donation Information Form

First Name : _____

Last Name : _____

Email Address : _____

Street Address 1 : _____

Street Address 2 : _____

City : _____

State : _____ ZIPCode : _____

Phone : _____ Cell : _____

PAYMENT METHOD

Credit Card Type : *(circle one)* Visa Discover Master Card American Express

Card Holder's Name : _____

Credit Card Number : _____

CVV Number (three numbers on back of your credit card) : _____

OR

Billing Information :

PLEASE NOTE : The address you enter into the billing information must be the address where you receive your credit card bill. If the billing information is the same as the contact information, please check here : _____
If not, please fill out the information below.

Street Address 1 : _____

Street Address 2 : _____

City : _____

Province : _____

State : _____ ZIPCode : _____

Country : _____

Support the Poor, Inc.

Donation Information Form (cont'd)

MEMORIAL/TRIBUTE GIFT INFORMATION

Would you like to dedicate your gift? Memorial/Tribute

In Memory or Honor of : (name) _____

Send notification of this honor/tribute to: Dr. Mary

Name : _____

Street Address 1 : _____

Street Address 2 : _____

City : _____

Province : _____

State : _____ ZIPCode : _____

Country : _____

Support the Poor, Inc., is a 501(c)(3) Tax
exempt organization. Contributions are fully
Tax deductible to the extend permitted by
law. Documents and information submitted
to the State of Maryland under the Maryland
Charitable Solicitation Act is available from
the office of the Secretary of State.